

299756

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Astro Travel and Tours, Inc.
4876 Woodlane Circle
Tallahassee, FL 32303

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2021 - 145 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Melanie Evans / Kurt WoodwardTelephone: 850-514-1793Address: 4876 Woodlane CircleFax: 850-514-0045Tallahassee, FL 32303

Other: _____

Email: mevans@astrotravel.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
APR 26 2021
PSCSC
Clerks Office

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: April 22, 2021

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Astro Travel and Tours, Inc.
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

4876 Woodlane Circle, Tallahassee, FL 32303

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

850-514-1793

Phone

850-514-0044

Fax

mevans@astrotravel.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Matt and Brandi Brown - 4876 Woodlane Circle, Tallahassee, FL 32303



Astro Travel vehicle list

Make	Year & Model	Vin	Weight Empty	Pax.
Prevost	2020 H3-45	2PCH33495LC720847	38500	56
Prevost	2020 H3-45	2PCH33493LC720846	38500	56
Prevost	2020 H3-45	2PCH33491LC720845	38500	56
Prevost	2016 H3-45	2PCH33499GC713129	38500	56
Prevost	2016 H3-45	2PCH33495GC713130	38500	56
Prevost	2016 H3-45	2PCH33497GC713131	38500	56
Prevost	2016 H3-45	2PCH33499GC713132	38500	56
Prevost	2016 H3-45	2PCH33490GC713133	38500	56
Prevost	2016 H3-45	2PCH33492GC713134	38500	56
Prevost	2016 H3-45	2PCH33495GC713256	38500	56
Prevost	2017 H3-45	2PCH33498HC713494	38500	56
Prevost	2017 H3-45	2PCH33491HC713496	38500	56
Prevost	2017 H3-45	2PCH33499HC713617	38500	56
Prevost	2017 H3-45	2PCH33490HC713618	38500	56
Temsa	2017 TS-35	NLTRPPY76H1000455	27866	38
Temsa	2017 TS-35	NLTRPPY7XH1000457	27866	38
Temsa	2017 TS-35	NLTRPPY78H1000456	27866	38
Prevost	2018 H3-45	2PCH33498JC710018	38500	56
Prevost	2019 H3-45	2PCH33499KC710417	38500	56
Prevost	2019 H3-45	2PCH33490KC710418	38500	56
Prevost	2020 H3-45	2PCH33497LC720848	38500	56
Prevost	2020 H3-45	2PCH33491LC720800	38500	56

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Astro Travel and Tours, Inc

Name of Applicant

4876 Woodlane Circle, Tallahassee, FL 32303

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 181,357

Limits \$5,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Carolina Casualty Insurance Company

Name of Insurance Company

P.O. Box 2575, Jacksonville FL 32203

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Astro Travel and Tours, Inc.

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes ☐ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

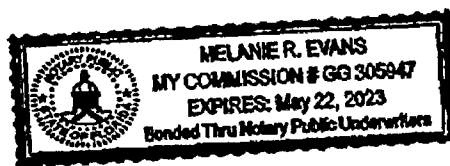
Operations Manager
Title of Applicant (e.g. President, Owner, etc.)

STATE OF FLORIDA)
~~SOUTH CAROLINA~~)
COUNTY OF LEON)

SWORN TO BEFORE ME
This 22 day of April, 2021

Melanie R Evans
Notary Public

Commission Expires May 22, 2023



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Astro Travel and Tours, Inc.
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

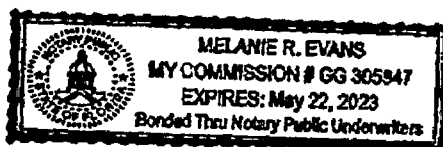
I, Kurt Woodward, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This 26 day of April, 2021

Melanie R Evans
Notary Public

Commission Expires May 22, 2023

Kurt Woodward
Applicant's Signature



Print Application

ASTRO TRAVEL & TOURS INC. DBA: ASTRO TRAVEL & TOURS
EFFECTIVE DATE APRIL 17, 2021
REVISED APRIL 8, 2021 • PAGE 5

ANNUAL PREMIUM

<u>Full Coverage</u>	<u>Suspended Coverage (COVID19)</u>	
\$ 343,676	\$ 181,357	Automobile Liability
\$ 75,125	\$ 75,125	Physical Damage
\$ 418,801	\$ 256,482	Total Auto Premium
\$ 3,545	\$ 3,545	General Liability
\$ 422,346	\$ 260,027	TOTAL

CAROLINA'S PAYMENT TERMS

<u>20%</u>	<u>20%</u>	
\$ 84,468	\$ 52,001	Down payment required to bind coverage.
\$ 37,542	\$ 23,114	9 Monthly Installments.

ADDITIONAL QUOTE DETAILS

- ◆ WOS is available at \$500 per certificate or a blanket is available for \$6,000.
- ◆ Ontario Highway Transport Board Vehicle Insurance Certificate is available for \$6,927.
- ◆ Carolina's suspension program is through 6/30/21. They charge 30% of the auto rate plus physical damage. Vehicles can be added to active coverage for 30 days and then re-suspended.

RESTRICTIONS & CONDITIONS

- ◆ All new drivers must be reported and approved by the company PRIOR to hiring. Failure to do so could jeopardize coverage.
- ◆ Subject to an acceptable Loss Control Survey within 30 days of binding.
- ◆ Subject to a receipt and acceptability of DOT medical evaluations for all drivers over the age of 65.

MARKET RESPONSE

- ◆ RLI gave initial pricing indication of over \$500,000.
- ◆ Lancer declined due to losses. (I have re-approached to see if they will reconsider)
- ◆ National Interstate declined due to losses.
- ◆ Incline (new 5Star program) is not writing in FL.

IL U 002 05 10

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE – FOR USE ONLY WITH NEW BUSINESS

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Policy Number: KCA2661263-0	Policy Effective Date: 04/17/21
Company: Carolina Casualty Insurance Company	Producer: TIB Transportation Insurance Brokers
Applicant/Named Insured: Astro Travel & Tours Inc	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

The State of South Carolina



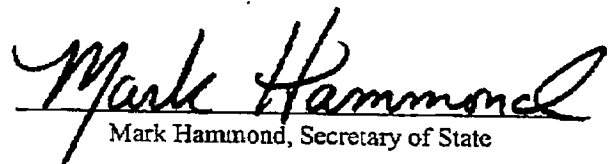
Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Astro Travel and Tours, Inc., a corporation duly organized under the laws of the state of Florida and issued a certificate of authority to transact business in South Carolina on April 19th, 2021, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to S.C. Code Ann. §33-15-310, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 20th day
of April, 2021.


Mark Hammond, Secretary of State



TO: Public Service Commission/ Clerk's Office
FROM: Melanie Evans
PHONE:
FAX: 803-896-5199
DATE: 4/21/2021
SUBJECT: Application for Class C Charter Bus - updated
PAGES INCLUDING COVER: 8

COMMENT:

Please let me know if you need any further information to process our application for Class C Charter Bus Certification.
You may email mevans@astrotravel.com or call me 850-514-1793 if you need anything else at this time.

Thank you for your prompt attention to this matter.

A handwritten signature in cursive script that reads "Melanie Evans".

Melanie Evans
Compliance & Safety Manager

*Astro Travel & Tours, Inc. 4876 Woodlane Circle, Tallahassee, FL 32303
850-514-1793 www.astrotravel.com 850-514-0044 (fax)*